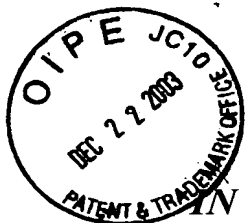


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group: 3732
Confirmation No.: 7380
Application No.: 09/934,052
Invention: METHOD AND APPARATUS FOR
PERCUTANEOUSLY SECURING A
BONE SCREW AND A BONE PLATE
TO A BONE OF A PATIENT
Applicant: David Gregory Kitchens
Filed: August 21, 2001
Attorney
Docket: 14291-68335
Examiner: Eduardo C. Robert

Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 12/17/03

(Signature)

Karla I. Mays
(Printed Name)

AMENDMENT

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of September 25, 2003, please consider the following:

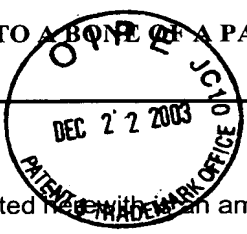
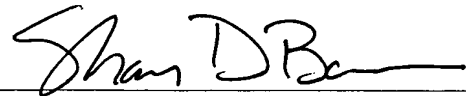
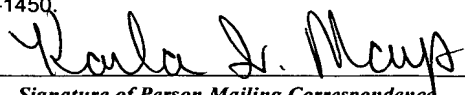
Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.

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DEC 29 2003
TECHNOLOGY CENTER

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3732

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 14291-68335	
Applicant(s): David Gregory Kitchens					
Serial No. 09/934,052	Filing Date 8/21/01	Examiner Eduardo C. Robert		Group Art Unit 3732	
Invention: METHOD AND APPARATUS FOR PERCUTANEOUSLY SECURING A BONE SCREW AND A BONE PLATE TO A BONE OF A PATIENT					
 TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	25 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="float: right; text-align: right;"> RECEIVED DEC 29 2003 TECHNOLOGY CENTER R3700 </div> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0435 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div>					
 _____ Signature			Dated: 17 DEC 2003		
Shawn D. Bauer, Esq. BARNES & THORNBURG 11 S. Meridian Street Indianapolis, IN 46204 (317) 231-7313 Attorney Reg. No. 41,603			I certify that this document and fee is being deposited on 12/17/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence Karla I. Mays _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					

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